



Big Brothers Big Sisters of Bermuda

Friendship makes a BIG difference!

BIG BROTHER / BIG SISTER APPLICATION FORM

IMPORTANT: Please note that you are required to submit 2 passport photo pictures with this application for identification purposes.

Name: _____
First Middle Last

Home Address: _____

Phone: _____ Best time to be contacted? _____ Fax: _____

Cellular phone: _____ Pager: _____ Email: _____

Birth Date: dd/mm/yyyy _____ Birthplace: _____

Occupation: _____ Employer: _____

Are you on a work permit? _____ If yes, when does it expire? _____

Work Address: _____

Phone: _____ Ext. _____ May we contact you at work? _____

Hours: _____ How long have you been with current employer? _____

Family Status: Single: _____ Married: _____ Separated: _____

Divorced: _____ Widowed: _____ Remarried: _____

Living with someone: _____ How long? _____

Children: (Names) _____ Age: _____ Sex: _____

_____ Age: _____ Sex: _____

_____ Age: _____ Sex: _____

Spouse's Name: _____ Age: _____

Have you discussed your plans to become a volunteer with your spouse? _____

What were his/her reactions? _____

What changes in family or employment do you anticipate within the next year?

While Big Brothers and Big Sisters of Bermuda is a multi-faith and multi-racial organization, religious affiliation, racial and geographic factors, as well as personality and interests, are considered in making the appropriate adult / child match. Many of the following questions are therefore designed to satisfy this policy.

Race: _____ Religion: _____

Name of church affiliation, if any: _____

Fill in last year of school completed : Elementary: _____ High school: _____ College: _____

Last educational institution attended : _____

Degree /certificate : _____ Date: _____

Major field of study: _____

Serious physical or psychiatric illness in past five years : _____

Present state of health: _____

Have you been a Big Brother/Sister before? _____

If yes, what agency and when? _____

Are you SCARS certified? _____

Past experience working with children (include youth organizations or clubs): _____

What age group are you interested in working with? _____

What special characteristics would you prefer in a child? _____

How do you spend your leisure time? _____

Do you have special skills or hobbies? _____

In what sports /activities do you participate? _____

What sports /activities interest you as a spectator? _____

With what organization(s) are you affiliated? _____

Why do you want to be a Big Brother/ Sister? _____

How did you hear of us/what prompted you to apply? Friend/Relative _____ Newspaper _____
Radio/Television _____ Brochure _____
Other _____ (please give details) _____

Do you sincerely feel that you can meet our minimum standards of spending at least 3 hours each week with a child? _____

Can you commit to remaining in the program for at least one year? _____

In what other ways do you feel you could be helpful to our agency? _____

Would you object to a police check? Yes _____ No _____

NOTE:

Bermuda is a very small, tight knit community and as such, there is considerable interaction amongst its people. This agency must exercise considerable caution in closely screening all applications for Big Brothers and Big Sisters. Therefore, if there is anything that may compromise your application, we would be most appreciative if this information were shared at this time. All information will be held in the strictest confidence.

VOLUNTEER POLICY - DISCLAIMER

I acknowledge and agree that Big Brothers & Big Sisters of Bermuda is not obligated to assign, or actively seek to assign me a Little Brother or Little Sister. I further acknowledge that as part of the agency's matching process additional personal information will be elicited from me by professional personnel of the agency. I understand that my application becomes the property of Big Brothers & Big Sisters of Bermuda and that in the event of denial the reason need not be given.

Signature: _____ Date: _____

Print Name: _____

REFERENCES

Please list the names and complete addresses of three (3) references that we may contact regarding your reputation and character. One reference must be an employer and the other two must be people who have known you for at least two years and are non-family. Please notify these individuals to expect written or oral contact by this agency. *Thanks for printing clearly.*

1. Name: _____ Relationship: _____

Address: _____ Email: _____

Home Phone: _____ Work Phone: _____

2. Name: _____ Relationship: _____

Address: _____ Email: _____

Home Phone: _____ Work Phone: _____

3. Name: _____ Relationship: _____

Address: _____ Email: _____

Home Phone: _____ Work Phone: _____

EXECUTIVE DIRECTOR COMMENTS:



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CONFIDENTIAL

As a matter of procedure, along with personal references, a police check is required on each Big Brother and Big Sister applicant. As with the other references, all replies are held in the strictest confidence. Should a person have a police record, it does not mean that they cannot be considered for acceptance as a Big Brother/Sister. However, no applicant will be processed without such a check.

POLICE RELEASE OF INFORMATION

I hereby give permission to the Police Department to release to the Big Brothers and Big Sisters of Bermuda, any information pertaining to, or verification of, criminal convictions against me in the past.

NOTE: If you are a work permit holder and have been resident in the island for less than three (3) years you are required to submit a "Police Clearance Certificate" from the country(ies) of previous residence.

Date: _____ Print Full Name: _____

Maiden name: _____ Date of marriage (if applicable): _____

Address: _____

Date of birth: _____

Place of birth (city & state if applicable) : _____

Signature: _____

<u>FOR POLICE USE :</u>	
No Convictions: _____	List of criminal convictions:

Signed by Officer: _____ Commissioner: _____ Date: _____

Outerbridge Building, 2nd Floor, 75 Pitts Bay Road, Pembroke HM08
P.O. Box HM 3261, Hamilton HMPX, Bermuda. Tel: (441) 232-2802 / Email: bbbs@bbbs.bm / www.bbbs.bm



Police Records Check and Release Form (SF39)

Please submit this form only to **Police Vetting Section (CRO)**, Dame Lois Browne-Evans Building, 58 Court Street, Hamilton, Bermuda. Opening hours: **9:00am – 4:00pm (closed 1:00pm – 2:15pm) Mon-Fri** | Email: **vetting@bps.bm**

Section 1

Instructions: Complete all relevant fields and follow the submitting instructions as outlined in the **Guidance Notes**.

Full Name			
Any Other Name <i>(i.e. Maiden or Deed Poll)</i>			
Age		Gender	
Date of Birth		Country of Birth	
Current Address			
Telephone Numbers	(w)	(h)	(c)
Email address			
*Full Name and Address of recipient			
Reference Number <i>(if applicable)</i>			
Reason for Application			

**I authorize the Bermuda Police Service to disclose details of my previous convictions (if any) to the recipient named above.*

Collection / Return Option for completed forms	
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Section 2

I authorize the person listed below to act on my behalf in this matter.

I authorize		
Contact Number(s)		

Signature: _____ Date: _____

Declaration: *I, herewith, confirm that to the best of my knowledge, the above information is true and accurate. I also confirm that I have read all Guidance Notes*